

12/11/2020

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000423587 3)))



H200004235873ABC+

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
 Doing so will generate another cover sheet.**

To:

Division of Corporations
 Fax Number : (850)617-6380

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC
 Account Number : I20070000020
 Phone : (813)435-3176
 Fax Number : (813)333-6358

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

NS@NICKSPRADLIN.COM

2020 DEC 11

12:09:58

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
 ST. PETE TIMEBANK, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

DEC 14 2020

H20000423587 3

Articles of Amendment
to
Articles of Incorporation
of

ST. PETE TIMEBANK, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N20000010764

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:(Principal office address **MUST BE A STREET ADDRESS**)C. Enter new mailing address, if applicable:(Mailing address **MAY BE A POST OFFICE BOX**)D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:Name of New Registered Agent: _____

(Florida street address)

New Registered Office Address: _____

(City)

Florida
(Zip Code)20
00
0111
12
1314
15
1617
18
1920
21
22New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

H20000423587 3

H20000423587 3

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PTD and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add	DS	AMANDA STREETS	2202 N. WEST SHORE BLVD. #200
<input type="checkbox"/> Remove			TAMPA, FL 33607
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add	S	SHEENA DESHEA QUALLES-DE FREECE	740 4th Street North #137
<input type="checkbox"/> Remove			St. Petersburg, FL 33701
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	D	DONNA TERRANCE	740 4th Street North #137
<input type="checkbox"/> Remove			St. Petersburg, FL 33701
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add	CDPT	BARBARA J. ANDRYUSKY	St. Petersburg, FL 33701 #137
<input type="checkbox"/> Remove			St. Petersburg, FL 33701
5) <input type="checkbox"/> Change <input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: _____, if other than the date this document was signed _____.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated

11/21/2020

Signature

Sherina Deshea Qualles-De France

(By the chairman or vice chairman of the board, president or other officer if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

SHERINA DESHEA QUALLLES-DE FRANCE

(Typed or printed name of person signing)

SECRETARY

(Title of person signing)

H20000423587 3